## UNITED STATES SECURITIES AND EXCHANGE COMMISSION



# Washington, D.C. 20549

### **TEMPORARY** FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number:

3235-0076

Expires:

March 15, 2009

Estimated average burden

hours per form......16.00

MAR 27 2009

Name of Offering ([]) check if this is an amendment and name has changed, and indicate change.)  Iceberg Alternative Real Estate II Fund Limited – Offering of Non-Voting, Participating, Redeemable Shares, issued in various classes							
Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505	[x] Rule 506 [] Section 4(6) [] ULOE						
Type of Filing: [] New Filing [x] Amendment							
A. BASIC IDENTIFICATION	DATA						
Enter the information requested about the issuer							
Name of Issuer ([] check if this is an amendment and name has changed, and indicate changed	ange.)						
Iceberg Alternative Real Estate II Fund Limited							
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (I						
P. O. Box 309 GT, Ugland House, South Church Street, George Town, Grand	1 345-949-8066						
Cayman, Cayman Islands	09035971						
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Inc couc)						
(if different from Executive Offices) same as above same as above							
Brief Description of Business Investments in securities							
Type of Business Organization							
[ ] corporation [ ] limited partnership, already formed							
[ ] business trust [ ] limited partnership, to be formed	Exempted Co.						
Month Y	ear						
Actual or Estimated Date of Incorporation or Organization: [01]	[x] Actual						
	[ ] Estimated						
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:							
CN for Canada; FN for foreign ju	risdiction) [FN]						
GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that is available to be filed instead of Form D (17 CFR 239.500) only to issuers that file with the Commission a notice on Temporary From D (17 CFR 239.500T) or an amendment to such a notice in							

paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise comply with all the requirements of § 230.503T.

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a photocopy of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

SEC 1972 (9-08)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[x] Promoter [] Beneficial Owner [] General and/or Managing Partner	[ ] Executive Officer	[ x ] Director
Full Name (Last name first, if in			
Reech, Christophe			
Business or Residence Address (	Number and Street, City, State, Zip Code)		
P. O. Box 309 GT, Ugland Hou	ise, South Church Street, George Town, Grand Cay	man, Cayman Islands	
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[x] Director
Once Don (oo) and o-pp-y	General and/or Managing Member		
Full Name (Last name first, if in			
Cater, Philip	·		
Business or Residence Address (	(Number and Street, City, State, Zip Code)		
P. O. Box 309 GT, Ugland Hou	use, South Church Street, George Town, Grand Cay	man, Cayman Islands	
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[x ] Director
	General and/or Managing Member		
Full Name (Last name first, if in	dividual)		
Smith, Paul	·		
Business or Residence Address	(Number and Street, City, State, Zip Code)		
P. O. Box 309 GT, Ugland Hou	use, South Church Street, George Town, Grand Cay	man, Cayman Islands	
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[ ] Director
2	General and/or Managing Member		
Full Name (Last name first, if in	dividual)		
Business or Residence Address	(Number and Street, City, State, Zip Code)		
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[ ] Director
Check Box(es) that Apply.	General and/or Managing Member	_	
Full Name (Last name first, if ir			
Business or Residence Address	(Number and Street, City, State, Zip Code)		
Charle Poy(es) that Apply	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[ ] Director
Check Box(es) that Apply:	[ ] General and/or Managing Partner	( )=	
Full Name (Last name first, if ir	<del></del>		
Full Name (Last name 1036, 11 ti	miriodal)		
Business or Residence Address	(Number and Street, City, State, Zip Code)		
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[ ] Director
Check Box(es) that Apply.	[ ] General and/or Managing Partner	(   =	
E 1121 - /1 - 1 : 6 :-			
Full Name (Last name first, if in	idividuai)		
Business or Residence Address	(Number and Street, City, State, Zip Code)		
OL 10-1/2 1 14 15	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[ ] Director
Check Box(es) that Apply:	[ ] General and/or Managing Partner		
Full Name (Last name first, if in			
Business or Residence Address	(Number and Street, City, State, Zip Code)		
	(Use blank sheet, or copy and use additional copy	ies of this sheet, as necessary.)	

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?					B. INF	ORMAT	TON AB	OUT OF	FERING					
**Calculated in US dollars as of 2727/09. May be reduced at the discretion of the Directors, but in no event below \$100,000 as specified under Cayman Islands law				Α	nswer also	in Append	lix, Colum	in 2, if tilir	offering? ng under Ul	LOE.			[]	[x]
Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed are associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer fine more than five (5) persons be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. N/A  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or intends to Solicit Purchasers  (Check "All States" or check individual States)  [1] All States  [1] All States  [2] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [III] [ID] [ID] [ILI] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MI] [NE] [NV] [NII] [NI] [NM] [NM] [NM] [NM] [NM] [NM] [NM] [NM	Calculated in U	S dollars a	ivestment t s of 2/27/0	that will be 19. May b	accepted e reduced	from any is at the disc	ndividual? cretion of	the Direct	ors, but in	no event	below \$1	00,000 as s	pecified u	nder
remuneration for solicitation of purchasers in connection with sales of securities in the othering. It a person to be listed as associated persons of such a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. N/A  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States) [1] All States  (Check "All States" or check individual States) [1] [II.] [IN.] [IA.] [KS] [KY] [IA.] [ME] [MD] [MA] [MI] [MN] [MN] [MN] [MO] [MI] [MN] [MN] [MN] [MN] [MN] [MN] [MN] [MN	3. Does the offe	ring permi	t joint own	nership of a	single un	it?							[x]	[]
Dusiness or Residence Address (Number and Street, City, State, Zip Code)   Name of Associated Broker or Dealer	remuneration	ı for solicit oker or des	ation of pu	archasers in red with th	n connecti le SEC and	on with sal d/or with a	les of secu state or st	rities in the ates, list th	e offering. e name of	It a persor the broker	n to be list or dealer.	ect is an as If more th	sociated per lan five (5)	rson or persons
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	Full Name (Last n	ame first, i	f individua	al)										
Check "All States" or check individual States   [ ] All	Business or Resid	ence Addr	ess (Numb	er and Stre	et, City, S	tate, Zip C	ode)							
(Check "All States" or check individual States)	Name of Associat	ed Broker	or Dealer					<del>_, .</del>						
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Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [Mi] [OH]	[GA] [MN] [OK]	[HI] MS] [OR]	[ID] [MO] [PA]	_
Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	Full Name (Last r	name first,	if individu	al)										
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	Business or Resid	lence Addr	ess (Numb	er and Stre	æt, City, S	tate, Zip C	ode)							
(Check "All States" or check individual States)	Name of Associa	ted Broker	or Dealer				<del></del>							
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Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States) [] All States  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]  [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]  [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	Full Name (Last	name first,	if individu	ial)								<del>-</del>		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]  [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]  [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	Business or Resid	dence Addi	ress (Numb	ber and Str	eet, City, S	State, Zip C	Code)							
(Check "All States" or check individual States)       [ ] All States         [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]         [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]         [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [NR]	Name of Associa	ted Broker	or Dealer			<u></u>		<u></u>					<del></del>	
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[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]	[IL] [MT]	[IN] (NE)	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] (NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI]	[MN] [OK]	[MS]	[MO]	

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENS	SES AND USE OF PRO	CEEDS
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [ ] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity Non-Voting, Participating, Redeemable Shares, issued in various classes  [ ] Common [ ] Preferred	\$500,000,000	\$1,000,000
	Convertible Securities (including warrants )	\$	\$
	Partnership Interests	<b>S</b>	S
	Other (specify)	S	\$
	Total	\$ 500,000,000	\$1,000,000
	Answer also in Appendix, Column 3, if filing Under ULOE		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amoun
		Investors	of Purchases
	Accredited Investors	1	\$1,000,000
	Non-accredited Investors	0	\$0
	Total (for filings Under Rule 504 Only)	N/A	\$N/A
	Answer also in Appendix, Column 4 if filing under ULOE	-	
3.	If this filing is for an offering Under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$N/A
	Regulation A	N/A	\$ N/A
	Rule 504.	N/A	\$N/A
	Total	N/A	\$N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees.	1	\$
	Printing and Engraving Costs		
	Legal Fees.		
	Accounting Fees		
	Engineering Fees		· · · · · · · · · · · · · · · · · · ·
	Sales Commissions (Specify finder's fees separately)		
	Other Expenses (identify): marketing expenses	[ X ]	
	Total	[ x ]	\$ <u>75,000</u>

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXP	ENSE	S AND USE OF PROC	EEDS .
	b. Enter the difference between the aggregate offering price given in response to Part – Question 1 and total expenses furnished in response to Part C – Question 4.a. The difference is the "adjusted gross proceeds to the issuer."	115		<b>\$_499,925,000</b>
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used proposed to be used for each of the purposes shown. If the amount for any purpose not known, furnish an estimate and check the box to the left of the estimate. The tot of the payments listed must equal the adjusted gross proceeds to the issuer set forth response to Part C – Question 4.b above.	ıs tal	Programme to Officer	
			Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees	[]	s[]	\$
	Purchase of real estate	[]	\$[]	S
	Purchase, rental or leasing and installment of machinery and equipment	[]	\$[]	\$
	Construction or leasing of plant buildings and facilities	[]	<b>s</b> [ }	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets of securities of another issuer pursuant to a merger)	[]	\$[]	\$
	Repayment of indebtedness	[]	<b>s</b> [ ]	\$
	Working capital	[]	\$[]	\$
	Other: Investments in securities	x]	\$ 499,925,000 []	\$
	Column totals	x ]	<b>\$</b> 499,925,000	\$
	Total payments listed (column totals added)		[x] \$ 499,925.00	0
	D. FEDERAL SIGNATUR	RE		
consti	ssuer has duly caused this notice to be signed by the undersigned duly authorized person. itutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commissuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	If this r	notice is filed under Rule 505, con written request of its staff,	the following signature the information furnished by
Issuer	r (Print or Type) Signature	1/1	/ /	Date
Icebo	erg Alternative Real Estate II Fund Limited	$\left\langle  \right\rangle$		03/03/09
Name	e of Signer (Print or Type) Tifle of Signa	er (Print	or Type)	
Chri	istophe Reech Director			
	•			

END

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Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)